

S.H. Koh<sup>1,2</sup>, A. Iglewicz<sup>1,2</sup>, M. Soskins<sup>1</sup>, L.K. Chambers<sup>1</sup>, D.V. Jeste<sup>2</sup>, J.E. Dimsdale<sup>2</sup>, & S.A. Irwin<sup>1,2</sup>

<sup>1</sup>The Institute for Palliative Medicine; <sup>2</sup>UCSD Department of Psychiatry San Diego

## Introduction

Depression in patients with advanced life-threatening illnesses are prevalent, under-diagnosed, and under-treated.

Depression can cause high degree of suffering. Standard interventions for depression, however, do not work fast enough for patients enrolled in hospice care. Quick acting, safe and effective treatments are needed for this population to achieve high quality end-of-life experience.

We present a retrospective chart review of patients receiving inpatient hospice care who were diagnosed with a depressive disorder for efficacy of treatment with stimulants.

## Methods

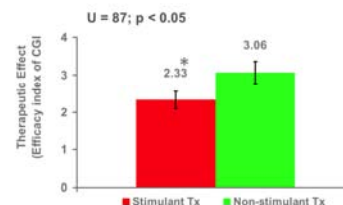
52 charts of patients receiving inpatient hospice care with a diagnosis of a depressive disorder were reviewed. Blinded psychiatrists evaluated 34 charts of patients receiving psychiatric consultation with pharmacological intervention for severity of depression, global improvement, therapeutic effect, side effects, and efficacy of treatment based on the Clinical Global Impression (CGI).

CGI scores were then compared for those receiving methylphenidate vs. non-stimulant treatment by non-parametric testing.

## Results

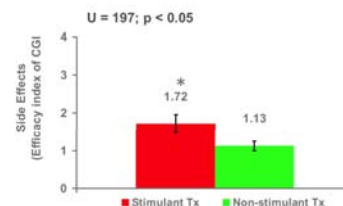
Demographic Variables	Stimulants	Non-stimulants
N	18	16
Age (years)	73 ± 20	68 ± 14
% Male	56 %	56 %
% Ethnic Minority	39 %	50 %
% Married	28 %	56 %
<b>Terminal Diagnoses</b>		
AIDS/HIV	0 %	6 %
Cardiovascular Disease	11 %	12 %
Neoplasms	61 %	63 %
Neurological Disease	6 %	12 %
Pulmonary Disease	11 %	6 %
Renal Disease	6 %	0 %
Other	6 %	0 %

### Therapeutic Effect



Stimulants exhibit a significantly better therapeutic effect (moderate improvement) than non – stimulants (minimal improvement)

### Side Effects



Stimulants exhibit significantly more side effects than non – stimulants, though both are in the “do not interfere with functioning” range on the CGI.

## Conclusions

### In Depressed Patients Receiving Inpatient Hospice Care, Stimulants exhibit :

- A Greater Therapeutic Effect than non-stimulants
- Minimal Side Effects, but more than non-stimulants

This study adds to the growing body of literature favoring the use of stimulants to treat depression in hospice patients. These data not only support the safe and effective use of stimulants in patients receiving hospice care, but also demonstrate that stimulants may be more effective than non-stimulants. With the average time of hospice care in the US being less than 8 weeks, it is thus notable that stimulants are reported to demonstrate a rapid onset of action needed in that time frame.

## Future Directions

Analyses of time to effect need to be completed. Furthermore, larger scale, placebo controlled, double-blind studies are needed to determine the efficacy and effectiveness of stimulants for treating depression in patients receiving hospice care.

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